

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 18 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15463

1. PLACE OF DEATH

County Adair
Township Salt River
City (No.)

Registration District No. 4
Primary Registration District No. 5001

File No.
Registered No. 102
St. Ward

2. FULL NAME Pice C. Creason

(a) Residence, No. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>A</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gay Creason</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20" 1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland Co. Mo.</u>		
FATHER	13. NAME <u>Pice Creason</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth George</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland Co. Mo.</u>	
17. INFORMANT <u>Mr R. C. Creason</u> (ADDRESS) <u>Brushport, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paul Town</u> DATE <u>May 19</u> 19 <u>35</u>		
19. UNDERTAKER <u>F. P. Easley</u> (ADDRESS) <u>Brushport Mo.</u>		
20. FILED <u>May 21</u> 19 <u>35</u> <u>Spencer Freeman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17" 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935 to May 17, 1935
I last saw him alive on May 13, 1935 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 11 mo. 15-34
Diabetes Mellitus
Other contributory causes of importance: SA

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation at deceased? NO
If so, specify
(Signed) H. M. Hays, M. D.
(Address) Brushport Mo.

